

EXTENDED TO NOVEMBER 15, 2019

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

CENTER FOR FAMILY REPRESENTATION, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

40 WORTH STREET

605

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10013

F Name and address of principal officer: MICHELE CORTESE

SAME AS C ABOVE

D Employer identification number

51-0419496

E Telephone number

646-809-4649

G Gross receipts \$ 14,314,171.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFRNY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2002 M State of legal domicile: NY

**Part I Summary**

|                             |         |  |   |                       |
|-----------------------------|---------|--|---|-----------------------|
| Activities & Governance     | 1       | Briefly describe the organization's mission or most significant activities: CFR'S MISSION IS TO GUARANTEE THAT EVERY FAMILY HAS THE OPPORTUNITY TO LIVE SAFELY TOGETHER. |   |                       |
|                             | 2       | Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |   |                       |
|                             | 3       | Number of voting members of the governing body (Part VI, line 1a)  | 3 19  |                       |
|                             | 4       | Number of independent voting members of the governing body (Part VI, line 1b)  | 4 18  |                       |
|                             | 5       | Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | 5 128   |                       |
|                             | 6       | Total number of volunteers (estimate if necessary)   | 6 35  |                       |
|                             | Revenue | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12              | 7a 0.                 |
| 7b                          |         | Net unrelated business taxable income from Form 990-T, line 38   | 7b 128,399.   |                       |
| 8                           |         | Contributions and grants (Part VIII, line 1h)  | Prior Year 2,070,693. Current Year 14,239,727.                                    |                       |
| 9                           |         | Program service revenue (Part VIII, line 2g)   | 6,993,244. 16,989.  |                       |
| 10                          |         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 930. 3,500.   |                       |
| 11                          |         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -84,669. -79,254.   |                       |
| 12                          |         | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 8,980,198. 14,180,962.  |                       |
| Expenses                    |         | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0. 0.                 |
|                             |         | 14   | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0. 0.                 |
|                             |         | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,584,640. 8,524,067. |
|                             | 16a     | Professional fundraising fees (Part IX, column (A), line 11e)  | 65,248. 35,401.   |                       |
|                             | b       | Total fundraising expenses (Part IX, column (D), line 25)  | 381,216.  |                       |
|                             | 17      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,870,542. 2,171,394.   |                       |
|                             | 18      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 8,520,430. 10,730,862.  |                       |
| Net Assets or Fund Balances | 19      | Revenue less expenses. Subtract line 18 from line 12   | 459,768. 3,450,100.   |                       |
|                             | 20      | Total assets (Part X, line 16)   | Beginning of Current Year 3,370,233. End of Year 10,354,057.                      |                       |
|                             | 21      | Total liabilities (Part X, line 26)  | 2,203,966. 5,737,690.   |                       |
|                             | 22      | Net assets or fund balances. Subtract line 21 from line 20   | 1,166,267. 4,616,367.   |                       |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |  |                      |           |
|------------------------|--|----------------------|-----------|
| Sign Here              | Signature of officer                                 | Date                 | 08/8/19   |
|                        | MICHELE CORTESE, EXECUTIVE DIRECTOR                  |                      |           |
| Paid Preparer Use Only | Print/Type preparer's name                           | Preparer's signature | Date      |
|                        | DEREK FLANAGAN                                       | DEREK FLANAGAN       | 08/08/19  |
|                        | Firm's name  | Firm's EIN           | PTIN      |
|                        | GRASSI & CO. CPA'S, P.C.                             | 11-3266576           | P01303468 |
|                        | Firm's address                                       | Phone no.            |           |
|                        | 488 MADISON AVENUE, 21ST FLOOR<br>NEW YORK, NY 10022 | 212-661-6166         |           |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |          | <b>X</b> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |          | <b>X</b> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>X</b> |          |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |          | <b>X</b> |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |          | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>X</b> |          |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | <b>X</b> |          |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>X</b> |          |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  |          | <b>X</b> |

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  | Yes         | No           |
|--|-------------|--------------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a 128</span>                      |             |              |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          | <b>2b</b> X |              |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b> X |              |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | <b>3b</b> X |              |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |             | <b>4a</b> X  |
| <b>b</b> If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |             |              |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |             | <b>5a</b> X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |             | <b>5b</b> X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |             |              |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |             | <b>6a</b> X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |             |              |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |             |              |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | <b>7a</b> X |              |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b> X |              |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |             | <b>7c</b> X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>   |             |              |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |             |              |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |             |              |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |             |              |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |             |              |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>    |              |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |             |              |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?  | <b>9a</b>   |              |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>   |              |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |             |              |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>   |             |              |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>  |             |              |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |             |              |
| <b>a</b> Gross income from members or shareholders <span style="float:right">11a</span>  |             |              |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>   |             |              |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>  |              |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>  |             |              |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |             |              |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b>  |              |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>  |             |              |
| <b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>   |             |              |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b>  | <b>14a</b> X |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | <b>14b</b>  |              |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>   | <b>15</b> X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>   | <b>16</b> X  |

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII ☐

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MARGARET A. DALE, ESQ.<br>CHAIR                 | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JOHN H. NEWMAN, ESQ.<br>VICE CHAIR              | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) LORI A. LANCASTER<br>TREASURER TIL 6/14         | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) GENEVIEVE CHRISTY<br>BOARD MEMBER/CFO           | 40.00   | X  |                       | X       |              |                              |        | 154,000.   | 0.  | 12,309.   |
| (5) SHIVA S. FAROUKI, ESQ.<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) PROF. MARTIN GUGGENHEIM, ESQ.<br>BOARD MEMBER   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) CLAIRE E. JAMES, ESQ.<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) CHRISTOPHER G. KARAGHEUZOFF, ES<br>BOARD MEMBER | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) JEFFREY L. KESSLER, ESQ.<br>BOARD MEMBER        | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) SETH KRAUSS, ESQ.<br>BOARD MEMBER              | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) MARTHA A. LORINI<br>BOARD MEMBER               | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) RICHEL T. MCKNIGHT, ESQ.<br>BOARD MEMBER       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) DAWN M. MIXON<br>BOARD MEMBER                  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) PHILIP C. SEGAL, ESQ.<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) HOWARD SEIFE, ESQ.<br>BOARD MEMBER             | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) PROF. JANE M. SPINAK, ESQ.<br>BOARD MEMBER     | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) BRIAN R. STEINWORTZEL<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |  |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |
|---|--|--|----------------------|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns   | <b>1a</b>  |                      |                      |   |   |  |
|   | <b>b</b> Membership dues   | <b>1b</b>  |                      |                      |   |   |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>  | 493,730.             |                      |   |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>  |                      |                      |   |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  | 12,635,039.          |                      |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above | <b>1f</b>  | 1,110,958.           |                      |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$                                 |  |                      |                      |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  |  |                      | 14,239,727.          |   |   |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> TRAINING  | <b>Business Code</b>   | 900099               | 16,989.              | 16,989.   |   |  |
|   | <b>b</b>   |  |                      |                      |   |   |  |
|   | <b>c</b>   |  |                      |                      |   |   |  |
|   | <b>d</b>   |  |                      |                      |   |   |  |
|   | <b>e</b>   |  |                      |                      |   |   |  |
|   | <b>f</b> All other program service revenue   |  |                      |                      |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f  |  |                      | 16,989.              |   |   |  |
|   | <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) |                      |                      | 3,500.  |   |  |
| <b>4</b> Income from investment of tax-exempt bond proceeds   |  |  |                      |                      |   |   |  |
| <b>5</b> Royalties  |  |  |                      |                      |   |   |  |
| <b>6 a</b> Gross rents  |  | (i) Real   | (ii) Personal        |                      |   |   |  |
| <b>b</b> Less: rental expenses  |  |  |                      |                      |   |   |  |
| <b>c</b> Rental income or (loss)  |  |  |                      |                      |   |   |  |
| <b>d</b> Net rental income or (loss)  |  |  |                      |                      |   |   |  |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory  |  | (i) Securities   | (ii) Other           |                      |   |   |  |
| <b>b</b> Less: cost or other basis<br>and sales expenses  |  |  |                      |                      |   |   |  |
| <b>c</b> Gain or (loss)   |  |  |                      |                      |   |   |  |
| <b>d</b> Net gain or (loss)   |  |  |                      |                      |   |   |  |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ 493,730. of<br>contributions reported on line 1c). See<br>Part IV, line 18 |  | <b>a</b>   | 53,955.              |                      |   |   |  |
| <b>b</b> Less: direct expenses  |  | <b>b</b>   | 133,209.             |                      |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events   |  |  |                      | -79,254.             |   |   | -79,254.   |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19   |  | <b>a</b>   |                      |                      |   |   |  |
| <b>b</b> Less: direct expenses  |  | <b>b</b>   |                      |                      |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities  |  |  |                      |                      |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances  |  | <b>a</b>   |                      |                      |   |   |  |
| <b>b</b> Less: cost of goods sold   | <b>b</b>   |  |                      |                      |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory   |  |  |                      |                      |   |   |  |
| <b>Miscellaneous Revenue</b>  |  |  | <b>Business Code</b> |                      |   |   |  |
| <b>11 a</b>   |  |  |                      |                      |   |   |  |
| <b>b</b>  |  |  |                      |                      |   |   |  |
| <b>c</b>  |  |  |                      |                      |   |   |  |
| <b>d</b> All other revenue  |  |  |                      |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d   |  |  |                      |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions   |  |  |                      | 14,180,962.          | 16,989.   | 0.                                      | -75,754.   |

**CENTER FOR FAMILY REPRESENTATION,  
INC**

Form 990 (2018)

51-0419496 Page **11**

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

|  |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|---|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....  | 12,249.                  | <b>1</b>    | 111,022.           |
|  | <b>2</b> Savings and temporary cash investments .....   | 1,186,477.               | <b>2</b>    | 4,762,261.         |
|  | <b>3</b> Pledges and grants receivable, net .....   | 173,091.                 | <b>3</b>    | 153,005.           |
|  | <b>4</b> Accounts receivable, net .....   | 1,443,911.               | <b>4</b>    | 4,715,618.         |
|  | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....  |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....  |                          | <b>8</b>    |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....  | 94,476.                  | <b>9</b>    | 178,814.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | 622,937.                 |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....   | 363,700.                 | <b>10c</b>  | 259,237.           |
|  | <b>11</b> Investments - publicly traded securities .....  |                          | <b>11</b>   |                    |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....  |                          | <b>12</b>   |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....   |                          | <b>13</b>   |                    |
|  | <b>14</b> Intangible assets .....   |                          | <b>14</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....  | 178,700.                 | <b>15</b>   | 174,100.           |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,370,233.  | <b>16</b>                | 10,354,057. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....   | 436,923.                 | <b>17</b>   | 525,089.           |
|  | <b>18</b> Grants payable .....  |                          | <b>18</b>   |                    |
|  | <b>19</b> Deferred revenue .....  |                          | <b>19</b>   |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....   |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | <b>21</b>   |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....  |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....  |                          | <b>24</b>   | 2,303,368.         |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 1,767,043.               | <b>25</b>   | 2,909,233.         |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....   | 2,203,966.               | <b>26</b>   | 5,737,690.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|  | <b>27</b> Unrestricted net assets .....   | 1,018,767.               | <b>27</b>   | 4,157,867.         |
|  | <b>28</b> Temporarily restricted net assets .....   | 147,500.                 | <b>28</b>   | 458,500.           |
|  | <b>29</b> Permanently restricted net assets .....   |                          | <b>29</b>   |                    |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and<br/>complete lines 30 through 34.</b>  |                          |             |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds .....  |                          | <b>30</b>   |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | <b>31</b>   |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....  |                          | <b>32</b>   |                    |
|  | <b>33</b> Total net assets or fund balances .....   | 1,166,267.               | <b>33</b>   | 4,616,367.         |
|  | <b>34</b> Total liabilities and net assets/fund balances .....  | 3,370,233.               | <b>34</b>   | 10,354,057.        |

Form **990** (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **CENTER FOR FAMILY REPRESENTATION,  
INC**

Employer identification number  
**51-0419496**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐



**Part IV** Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

|            | Yes | No |
|------------|-----|----|
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
  - b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**CENTER FOR FAMILY REPRESENTATION,**

Schedule A (Form 990 or 990-EZ) 2018 **INC**

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**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013   |                                     |   |  |
| <b>b</b> From 2014   |                                     |   |  |
| <b>c</b> From 2015   |                                     |   |  |
| <b>d</b> From 2016   |                                     |   |  |
| <b>e</b> From 2017   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through e  |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014  |                                     |   |  |
| <b>b</b> Excess from 2015  |                                     |   |  |
| <b>c</b> Excess from 2016  |                                     |   |  |
| <b>d</b> Excess from 2017  |                                     |   |  |
| <b>e</b> Excess from 2018  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2018

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>CENTER FOR FAMILY REPRESENTATION,<br/>INC</b> | Employer identification number<br><b>51-0419496</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
- 4a Was a correction made? ..... ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ .....
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ .....
- 4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

**CENTER FOR FAMILY REPRESENTATION,**

Schedule C (Form 990 or 990-EZ) 2018 **INC**

51-0419496 Page 3

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a)      |          | (b)     |
|---|----------|----------|---------|
|   | Yes      | No       | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |          |          |         |
| <b>a</b> Volunteers?  |          |          |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |          |          |         |
| <b>c</b> Media advertisements?  |          |          |         |
| <b>d</b> Mailings to members, legislators, or the public?   |          |          |         |
| <b>e</b> Publications, or published or broadcast statements?  |          |          |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |          |          |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | <b>X</b> |          | 43,225. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |          |          |         |
| <b>i</b> Other activities?  |          |          |         |
| <b>j</b> Total. Add lines 1c through 1i   |          |          | 43,225. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |          | <b>X</b> |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |          |          |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |          |          |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |          |          |         |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | <b>3</b> |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

CENTER FOR FAMILY REPRESENTATION (CFR) ENGAGED A LOBBYIST TO REPRESENT THE AGENCY BEFORE LEGISLATIVE AND EXECUTIVE BRANCHES OF NEW YORK STATE AND CITY GOVERNMENT. CFR'S EXECUTIVE DIRECTOR AND DESIGNATED PROGRAM STAFF ALSO ENGAGED IN DISCUSSIONS WITH STATE LEGISLATORS ON PROPOSED LEGISLATION.

Schedule C (Form 990 or 990-EZ) 2018

| Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) |
|----------|---|
|          |   |

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other \_\_\_\_\_

- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV** **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

|               |  |
|---------------|--|
| <b>Part V</b> | <b>Endowment Funds.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 10. |
|---------------|--|

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                        |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                     |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....        |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                            |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities<br>and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                           |                  |                |                    |                      |                     |
| <b>a</b> End of year balance .....                               |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
b Permanent endowment \_\_\_\_\_ %  
c Temporarily restricted endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

- (i) unrelated organizations .....
- (ii) related organizations .....
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

|                |  |
|----------------|--|
| <b>Part VI</b> | <b>Land, Buildings, and Equipment.</b> |
|----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                              |                |
| <b>b</b> Buildings .....   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....  |                                      |                                 |                              |                |
| <b>d</b> Equipment .....   |                                      | 622,937.                        | 363,700.                     | 259,237.       |
| <b>e</b> Other .....   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... |                                      |                                 |                              | 259,237.       |

Schedule D (Form 990) 2018

**CENTER FOR FAMILY REPRESENTATION,  
INC**

Schedule D (Form 990) 2018

51-0419496 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements        | <b>1</b>  | 14,180,962. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments                                    | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |             |
| <b>e</b> | Add lines 2a through 2d   | <b>2e</b> | 0.          |
| <b>3</b> | Subtract line 2e from line 1  | <b>3</b>  | 14,180,962. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b   | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 14,180,962. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                       | <b>1</b>  | 10,730,862. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |             |
| <b>a</b> | Donated services and use of facilities   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments   | <b>2b</b> |             |
| <b>c</b> | Other losses   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines 2a through 2d  | <b>2e</b> | 0.          |
| <b>3</b> | Subtract line 2e from line 1   | <b>3</b>  | 10,730,862. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b  | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 10,730,862. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

CFR HAS ADOPTED THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS,  
FASB ASC TOPIC 740, AND HAS DETERMINED THAT THERE ARE NO MATERIAL  
UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE  
FINANCIAL STATEMENTS.

**CENTER FOR FAMILY REPRESENTATION,**

Schedule G (Form 990 or 990-EZ) 2018 **INC**

**51-0419496** Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1                 | (b) Event #2 | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|------------------------------|--------------|--------------------------|--|
|                 |   | ANNUAL EVENT<br>(event type) | (event type) | (total number)           |  |
| Revenue         | 1 Gross receipts .....  | 547,685.                     |              |                          | 547,685.   |
|                 | 2 Less: Contributions .....   | 493,730.                     |              |                          | 493,730.   |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 53,955.                      |              |                          | 53,955.  |
| Direct Expenses | 4 Cash prizes .....   |                              |              |                          |  |
|                 | 5 Noncash prizes .....  |                              |              |                          |  |
|                 | 6 Rent/facility costs .....   | 92,392.                      |              |                          | 92,392.  |
|                 | 7 Food and beverages .....  |                              |              |                          |  |
|                 | 8 Entertainment .....   | 903.                         |              |                          | 903.   |
|                 | 9 Other direct expenses .....   | 39,914.                      |              |                          | 39,914.  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                              |              |                          | 133,209.   |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                              |              |                          | -79,254.   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| Revenue         | 1 Gross revenue .....  |   |   |   |   |
| Direct Expenses | 2 Cash prizes .....  |   |   |   |   |
|                 | 3 Noncash prizes .....   |   |   |   |   |
|                 | 4 Rent/facility costs .....  |   |   |   |   |
|                 | 5 Other direct expenses .....  |   |   |   |   |
|                 | 6 Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

## Part IV

## Supplemental Information

(continued)





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

CENTER FOR FAMILY REPRESENTATION,  
INC

Employer identification number  
51-0419496

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS DISTRIBUTED TO THE BOARD OFFICERS AND THE FINANCE  
COMMITTEE. THEIR COMMENTS ARE SHARED AND THEIR FINAL APPROVALS ARE KEPT ON  
FILE. THE COMPLETED 990 IS DISTRIBUTED TO THE FULL BOARD BEFORE FILING WITH  
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS OFFICERS, KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED  
TO SIGN A NEW AFFIRMATION OF COMPLIANCE WITH THE WRITTEN CONFLICT OF  
INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

FOR TOP MANAGEMENT COMPENSATION, THE EXECUTIVE DIRECTOR CONDUCTS AND  
COMPILES A REVIEW OF COMPENSATION IN LOCAL AND STATEWIDE ORGANIZATIONS FOR  
SIMILAR JOBS. A WRITTEN RECOMMENDATION IS PRESENTED TO THE BOARD FOR  
APPROVAL. FOR EXECUTIVE DIRECTOR COMPENSATION, THE E.D. SUBMITS A SIMILAR  
REPORT FOR REVIEW BY THE CHAIR AND VICE-CHAIR WHO MAKE A RECOMMENDATION FOR  
THE E.D. COMPENSATION FOR BOARD APPROVAL. THE CHAIR AND VICE-CHAIR ALSO  
CONDUCT AN EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIALS AND 990 RETURNS ARE AVAILABLE ON OUR WEBSITE, OTHER  
GOVERNING DOCUMENTS AS WELL AS CFR'S CONFLICT OF INTEREST POLICY ARE  
AVAILABLE UPON REQUEST.

FORM 990 PART XII, LINE 2C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**

**Open to Public  
Inspection**


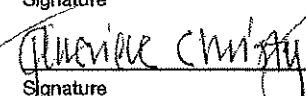
## 1. General Information

|   |  |  |
|---|--|--|
| For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2018</b> and Ending (mm/dd/yyyy) <b>12/31/2018</b>  |  |  |
| Check if Applicable:<br><input type="checkbox"/> Address Change<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Initial Filing<br><input type="checkbox"/> Final Filing<br><input type="checkbox"/> Amended Filing<br><input type="checkbox"/> Reg ID Pending | Name of Organization:<br><b>CENTER FOR FAMILY REPRESENTATION, INC</b>  | Employer Identification Number (EIN):<br><b>51-0419496</b> |
|   | Mailing Address:<br><b>40 WORTH STREET, NO. 605</b>  | NY Registration Number:<br><b>44-03-23</b>                 |
|   | City / State / ZIP:<br><b>NEW YORK, NY 10013</b>   | Telephone:<br><b>646 809-4649</b>                          |
|   | Website:<br><b>WWW.CFRNY.ORG</b>   | Email:<br><b>GCHRISTY@CFRNY.ORG</b>                        |
|   | Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com. |  |

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

|                                       |  |                          |                   |
|---------------------------------------|--|--------------------------|-------------------|
| President or Authorized Officer:      |   | <b>MICHELE CORTESE</b>   | <b>8/8/19</b>     |
|                                       | Signature  | Print Name and Title     | Date              |
| Chief Financial Officer or Treasurer: |  | <b>GENEVIEVE CHRISTY</b> | <b>8 Aug 2019</b> |
|                                       | Signature  | Print Name and Title     | Date              |

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

|  |   |   |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b.   |

## 5. Fee

|   |                |                  |                |  |
|---|----------------|------------------|----------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: | EPTL filing fee: | Total fee:     | Make a single check or money order payable to:<br><b>"Department of Law"</b> |
|   | \$ <u>25.</u>  | \$ <u>250.</u>   | \$ <u>275.</u> |  |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

**2018**

**Open to Public  
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

## Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

## 1. Organization Information

|                                       |                         |
|---------------------------------------|-------------------------|
| Name of Organization:                 | NY Registration Number: |
| CENTER FOR FAMILY REPRESENTATION, INC | 44-03-23                |

## 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

|  |                          |                         |
|--|--------------------------|-------------------------|
| Fund Raising Professional type:                              | Name of FRP:             | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | STETWIN CONSULTING       |                         |
| <input type="checkbox"/> Fund Raising Counsel                | Mailing Address:         | Telephone:              |
| <input type="checkbox"/> Commercial Co-Venturer              | 708 THIRD AVENUE, 6TH FL | 212-233-8987            |
|  | City / State / ZIP:      |                         |
|  | NEW YORK, NY 10017       |                         |

## 3. Contract Information

|                      |                    |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 01/01/2018           | 07/31/2018         |

## 4. Description of Services

|                            |
|----------------------------|
| Services provided by FRP:  |
| CONSULTING FOR ANNUAL GALA |

## 5. Description of Compensation

|  |                     |
|--|---------------------|
| Compensation arrangement with FRP:   | Amount Paid to FRP: |
| \$6.5K DUE ON THE FIRST OF EACH MO. FROM JAN-MAY. \$1.5K DUE ON 6/1/18. \$1K DUE ON 6/30/18. PLUS EXP. TO BE REIM. FOR A TOTAL OF \$35,401 | 35,401.             |

## 6. Commercial Co-Venturer (CCV) Report

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A? |
|--|--|

## CENTER FOR FAMILY REPRESENTATION, INC

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☒ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☒ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).